



South Dakota Board of Nursing

South Dakota Department of Health
4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115
(605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

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FEB 12 2012

Medication Administration Training Program for Unlicensed Assistive Personnel

Application for Curriculum Change for an Approved Training Program

SD BOARD OF NURSING

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

Name of Institution: Lori Sombke

Name of Primary Instructor: Lori Sombke RN, BC

Address: 12096 Lohre Road Sisseton, SD 57262

Phone Number: 6050687-3859

Fax Number: 605-698-7353

E-mail Address of Faculty: lori.sombke@12.sd.us

1. Request approval to use the following approved curriculum(s):

- ☐ Nebraska Health Care Association (www.nehca.org or 402-435-3551)
- ☒ Self-developed curriculum using text: Sorrentino & Remmert (2009), Mosby's Textbook for Medication Assistants
- ☐ We Care Online (www.wecareonlineclasses.com)
- ☐ SD Behavioral Health / Mental Health Facilities (only for agencies certified through the SD Department of Social Services)

2. List faculty and licensure information: For new RN faculty, attach resume/work history with evidence of minimum 2 years clinical RN experience.

RN FACULTY/INSTRUCTOR NAME(S)	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Lori Sombke RN, BC</u>	<u>SD</u>	<u>SDRN 9029293</u>	<u>5-25-13</u>	<u>[Signature] 3-19-12</u>

RN Faculty Signature:

Lori Sombke RN, BC

Date:

2-8-12

This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>2-12-12</u>	Date Notice Sent to Institution:
Date Application Approved: <u>3-19-12</u>	Date Application Denied:
Expiration Date of Approval: <u>4-30-14</u>	Reason:
Board Representative: <u>[Signature]</u>	